

MARGIN RESERVED FOR BINDING.
 WITHIN CLARENCE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TYPING OR WRITING, USE A SEPARATE INK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THIS OTHER, No. 2 etc. to question 5

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3365

Registration District No. 9A Registered No. 209
 (For use of Local Registrar)
 (No. 3 Hibbs St. Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Boy Baby

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth One (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Peter Heyward
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Moncks Convent
 (13) OCCUPATION labor
 (20) Number of children born to mother, including present birth Eight

MOTHER.
 (14) NAME BEFORE MARRIAGE Florence Hunter
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Moncks Convent
 (19) OCCUPATION house work
 (21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 100 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Johnson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 16 Magazine St

(Given name added from a supplemental report)
 (26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
 (27) Filed Feb 17, 1922 at Charleston Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FILE MONTH OF PREGNANCY DESIRED OF STILLBIRTHS BEFORE THE